COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

(Number)

(Country)

			Docket No	• _	439	8	-
As a below nam	med inventor, I	hereby declare	that:				
My residence, below next to	post office add my name.	dress and citize	nship are	as	sta	ted	l
name is listed (if plural namelocal claimed and for entitled <u>CONT</u>	m the original, d below) or an o mes are listed b or which a pater ROLLED-RELEASE F pecification of is checked:	original, first a delow) of the sub at is sought on the PESTICIDAL COMPO	and joint bject matt the invent SITION AND	inv er ior MF	vent whi THO	or ch	is F
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	mended on						<u> </u>
of the above :	e that I have re identified speci y amendment refe	fication, includ	rstand the ding the c	cc lai	nte .ms,	nts as	<u>.</u>
[acknowledge to patentabil:	the duty to dis ity as defined i	close information 37 CFR §1.56.	on which i	s m	nate	ria	.1
(d) or §365(b) inventor's cention when the states the states in the states inventor's cention when the states inventor's cention with the states inventor's cention with the states inventor's cention with the states in the stat	m foreign priori) of any foreign rtificate, or §3 hich designated , listed below a box, any foreign rtificate, or PC efore that of th	application(s) 65(a) of any PC at least one count and have also ide application for	for paten I Internat Intry othe entified be patent of application	t o ion r t elo r	r lal han W,	th by	.e
Prior Foreign	Application(s)		Prior	ity	Cl.	aim	ed
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-		-	Yes	[) N	0 []

(Day/Month/Year Filed)

I herek	y claim	the	benefit	under	35	U.S.	c.	§119(e)	of	any	United
States	provisi	onal	applicat	ion(s)	11	isted	be	elow.		•	

(Application Number)	(Filing Date)
(Application Number)	(Filing Date)

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

(Application No.)	(Filing Date)	(Status-patented, pending, abandoned)
(Application No.)	(Filing Date)	(Status-patented, pending, abandoned)

I (we) hereby appoint the following attorney with full power of substitution to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

ALFRED W. BREINER, Reg. No. 18,676; THEODORE A. BREINER, Reg. No. 32,103; MARY J. BREINER, Reg. No. 33,161; and C. BRANDON BROWNING, Reg. No. 44,570.

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<u>Theodore A. Breiner</u> at (703) 684-6885

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Full Name of Sole or First Inventor: (given name, family name) Garrard L. Hargrove Inventor's Signature Manual 2. Nargrove Date 9/6/01 Residence: 5032 Wagon Trace, Birmingham, Alabama 35242 Citizenship: U.S.A. Mailing Address: Pursell Technologies, Inc., P.O. Box 1187, Sylacauga, Alabama 35150 Full Name of Second Joint Inventor, if any (given name, family name) John H. Detrick Inventor's Signature John D. Detruck Date August 29 2001 Residence: 5716 East Bay Boulevard, Gulf Breeze, Florida 32563 Citizenship: U.S.A. Mailing Address: Same Full Name of Third Joint Inventor, if any (given name, family name)___ Inventor's Signature_____ Date__ Residence:_____ ______ Citizenship:_____ Mailing Address:____